

FORM 5
STATE TITLE V PROGRAM BUDGET AND EXPENDITURES
BY TYPES OF SERVICES
[Secs. 505(a)(2)(A-B) and 506(a)(1)(A-D)]

	FY 1996		FY 1997	
<u>TYPES OF SERVICES</u>	<u>Budgeted</u>	<u>Expended</u>	<u>Budgeted</u>	<u>Expended</u>
I. <u>Direct Health Care Services</u> (Basic Health Services and Health Services for CSHCN.)	\$ _____	\$ _____	\$ _____	\$ _____
II. <u>Enabling Services</u> (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ _____	\$ _____	\$ _____	\$ _____
III. <u>Population-Based Services</u> (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ _____	\$ _____	\$ _____	\$ _____
IV. <u>Infrastructure Building Services</u> (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ _____	\$ _____	\$ _____	\$ _____
V. <u>FEDERAL-STATE TITLE V BLOCK GRANT PARTNERSHIP TOTAL</u> (Federal-State Partnership only. Item 15g of SF 424. For the "Budget" columns this is the same figure that appears in Line 7, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$ _____	\$ _____	\$ _____	\$ _____

FORM 5 (Continuation Page)
STATE TITLE V PROGRAM BUDGET AND EXPENDITURES
BY TYPES OF SERVICES
[Secs. 505(a)(2)(A-B) and 506(a)(1)(A-D)]

FY 1998		FY 1999		FY 2000	
<u>Budgeted</u>	<u>Expended</u>	<u>Budgeted</u>	<u>Expended</u>	<u>Budgeted</u>	<u>Expended</u>
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

FORM 5 (Continuation Page)
STATE TITLE V PROGRAM BUDGET AND EXPENDITURES
BY TYPES OF SERVICES
[Secs. 505(a)(2)(A-B) and 506(a)(1)(A-D)]

FY 2001		FY 2002		FY 2003	
<u>Budgeted</u>	<u>Expended</u>	<u>Budgeted</u>	<u>Expended</u>	<u>Budgeted</u>	<u>Expended</u>
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

INSTRUCTIONS FOR THE COMPLETION OF FORM 5
STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES

Title V Citation:

Section 505(a)(2)(A)(B) and (B)(iii) states, in part, “In order to be entitled to payments for allotments...a State must prepare and transmit to the Secretary an application...that - includes for each fiscal year (A) a plan for meeting the needs identified by the state-wide needs assessment...and (B) a description of how funds allotted to the State...will be used for the provision and coordination of services to carry out such a plan that shall include - [(B)(iii)] an identification of the types of services to be provided...” Section 506(a)(1)(A-D) states, “Each State shall prepare and submit to the Secretary annual reports on its activities under this title. Each such report shall be prepared by, or in consultation with, the State maternal and child health agency. In order to properly evaluate and to compare the performance of different States assisted under this title and to assure the proper expenditure of funds under this title, such reports shall be in such standardized form and contain such information...as the Secretary determines...to be necessary (A) to secure an accurate description of those activities, (B) to secure a complete record of the purposes for which funds were spent, of the recipients of such funds, (C) to describe the extent to which the State has met the goals and objectives it set forth...and the national health objectives...and (D) to determine the extent to which funds were expended consistent with the State’s application...”

Instructions:

A Glossary of terms applicable to the terms used in this form contained in Section 10.1 of this document.

For reference see Figure 2, “Core Public Health Services Delivered by MCH Agencies”

Complete all required data cells. If an actual number is not available, make an estimate. Please explain all estimates in a footnote. Administrative dollars should be allocated to the appropriate level(s) of the pyramid on the lines below. If an estimate is necessary, one method would be to allocate those dollars at the same percentage as program dollars.

Line I Direct Health Care Services - enter the budgeted and expended amounts for the appropriate fiscal year.

Line II Enabling Services - enter the budgeted and expended amounts for the appropriate fiscal year.

Line III Population-Based Services - enter the budgeted and expended amounts for the appropriate fiscal year.

Line IV Infrastructure Building Services - enter the budgeted and expended amounts for the appropriate fiscal year.

Line V Total Federal-State Partnership Budget and Expenditures - enter the totals of the budgeted and expended figures shown in lines I through IV for the appropriate fiscal year. Federal-State Partnership only; item 15g of the SF 424. For the “Budgeted” columns this is the same figure that appears in Line 7, Form 2, and in the “Budgeted” columns of Line 7, Form 3. For the “Expended” columns this is the same figure that appears in the “Expended” columns of Line 7, Form 3.